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AND THE CALIFORNIA MEDICAL JOURNAL

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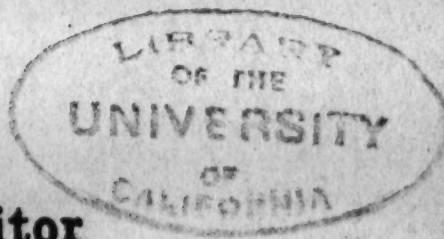
NOVEMBER, 1915

O. C. WELBOURN, A. M., M. D., Editor

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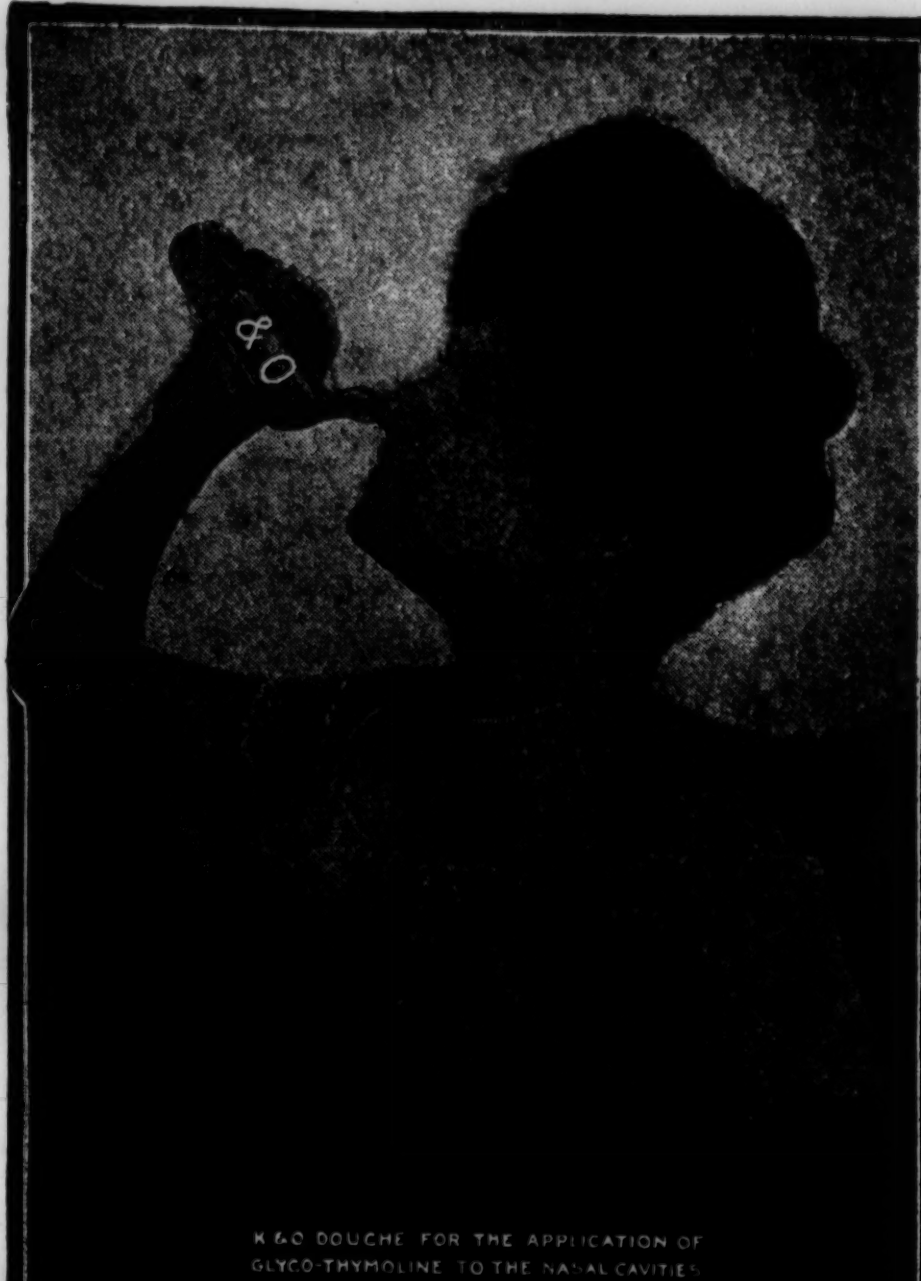
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The California Eclectic Medical Journal

Vol. VIII

NOVEMBER, 1915

No. 11

Original Contributions

BIRTH OF ECLECTICISM

John Uri Lloyd, Phar. M., Cincinnati, Ohio

Condition of Therapy Preceding the Concentrations

The story of the "Eclectic Remedies" cannot be intelligently presented without picturing briefly, social conditions as well as various problems concerning medicine and pharmacy at and preceding the date of their introduction. Nor can this story be fairly told, even at this late day, without many regrets, even though its various phases be handled in the most sympathetic manner. Appalling is the record left in print concerning the cruelties and the crudities at that date practiced in the name of medicine. Pathetic is the recollection of the effects of the old-time standard medicines. The story is one and the same, whether the treatment be that of a strong man attacked by an acute trouble, undergoing a course of mercurial cathartics, bleeding and cantharides blistering; of a tortured girl in the last stages of consumption, with breast a running sore from the tartar emetic plaster, or croton oil vesicant, applied by the physician; or the fever-parched, helpless child, confined in a hot, closed room, denied a breath of fresh air, vainly pleading for a spoonful of cold water or a bit of nourishing food. Alike the course of authoritative medicine and of private dosing, whether in Europe or America, consisted in cruelty piled on top of torture, of catharsis to physical depletion, of cupping blood through the skin, and the copious abstraction of much-needed life blood from the veins of a patient who had been starved to exhaustion, by direction of the man who blistered and bled and purged. Then, the step of the physician made the sick man shudder. At the word medicine the child would cry in fear.

According to the medical theories largely prevalent in the Mediaeval past, diseases were to be considered not as de-

partures from the normal, but as the effects of aggressive devils or evil spirits, to be driven out by fire and sword. The era had but recently passed when religious conceptions of supernatural influences by the powers above and below were connected with bodily ailments and afflictions. Traditions that had traveled down the centuries bound men unaware of such subjection to conceptions concerning disease difficult now to comprehend. Astrology and the influence of the planets, and the belief in the mysterious power of the number 13, is even today a study of men possessed of balanced education, whilst as late as the day of Culpepper the description of each plant was prefaced with the name of the planet that was supposed to dominate its action. Far back of it all, and yet influencing it all, is seen the age of imaginative conception, of poetic imagery, that constructed man-bred gods and goddesses, such as directed the affairs of men in the day of the glory of Olympus. Natural, was it not, that out of this epoch of necromancy, superstition, and fantastic poesy, diseases should have been viewed as essences from without, sent by an omnipotent Creator or an antagonistic devil to torture the flesh of man? Nor could it be expected that an empirical art, linked with such as this, should have lost its traditions by being transplanted to America.

In the opinion of even authoritative practitioners of medicine of Colonial days, the devilish or spiteful intruders could no more be subjugated by kindness than could the Prince of Evil be subdued by friendship. But yet the man of medicine might not openly view them as devils or spirits of evil, and might resent such a reflection. But, whether the ideas of old prevailed or not, the methods of old yet lingered. Although the disgusting animal remedies once favored were neglected, the most poisonous of drugs were administered in heroic dose, or the method that was the most barbarous or disagreeable, was considered, even by conservative therapeutic authorities, including the most sympathetic physicians, at the date of the introduction of Alkaloidal Indication or the "American Eclectic Concentrations."

In view of these conditions, need any apology be made for the fact that the remedial agents of the first part of the last century were necessarily either nauseating and disgusting, or vicious, cruel and in dosage too often deadly? Whoever will study the records of the past will perceive that, whilst poisonous drugs, nauseating doses, and excruciating applications were authoritative favorites, the substances that produced the most shock were viewed with the greatest favor,

even though they were directly followed by marked or even serious after-consequences, in some instances more terrible than the primary disease for which they were administered. Let any pharmacist or physician, of any school whatever, read the story of those days, as voiced in the authoritative medicaments and by the treatment of licensed physicians, as well as that given in many works, then standard, on Practice and Materia Medica, and consider how he would feel now were he to attempt to practice his art under the limitations then rigorously enforced, or what would be his course were a loved one undergoing the ordeal. To place oneself in that critical attitude is to stand where stood the protestors against medical authority, in the beginning of the last century.

The Uprising.—In that day in America the dogmatism of intolerance dominated those in power, whether in politics, religion or medicine, and possibly nowhere was the battle more fiercely fought than in the last-named field. The physician who discredited the prevailing methods, and who was courageous enough to voice his protest, was likely to be ostracized by many of his brethren, as a person tinctured with quackery and linked with charlatanism. Intelligent and educated laymen, protesting against the barbarisms to which their loved ones were being subjected in the name of authoritative medicine, were, as a rule, neither given a respectful hearing, nor recognized as being entitled to any consideration whatever. The first great American "Trust" was that formulated in behalf of medicine, medication and dogmatism such as this, though be it said its votaries believed their crusade to be in the direction of the suppression of quackery advocated by men incompetent to know what was needed in medicine. Out of it all came naturally a popular uprising against the methods of "Fashionable Doctors." It was born of a wave of righteous indignation—not against individuals—but against cruelties almost universally practiced, and against fallacies that were apparent to all but those involved in that practice.

In that period also arose, of like necessity, the kindly European Homeopathic school, as an emphatic protest against all that was cruel and destructive. Even doubters of Hahnemann's theory believed that a peaceful, natural death was to be preferred to one of needless torture, and that it were better to take no medicine at all, and in a spirit of hopefulness allow nature a chance, than to follow the way of those who passed into the hands of such practitioners as the famous English Dr. Lettsom (John Coakley), concerning whose meth-

ods a critic ventured to write: I puke, I purge, I sweats 'em; and if they die,—I Lettsom.

The view presented when from this distance the epoch is taken as a whole, is surely sufficient to enable one to comprehend much that the actors, involved in the passing along, could not perceive. A far-reaching therapeutic revolution was in progress. One part believed in tradition and in authority, and held that progress must come from within, and not from without. The other party, perceiving only the wrong of methods established, as they believed, in error and superstition, became hopeless of their correction by the men practicing those cruelties. It was a far-reaching uprising, in which a people more enlightened than formerly, more independent of authority than ever a people had been before, united in a rebellion, not against individuals, but against conditions. It was a campaign of education, in which the side of power was organized, trained, and all-powerful; the other was heterogeneous, composed of the ignorant as well as people of education, who presumed, for love of humanity, to demand of authority that cruelty in behalf of tradition be abolished. In this mighty uprising the alkaloids, resinoids, and such came into play, but were an incident only. They failed primarily, but yet served a mighty secondary purpose, for they hastened the day when Eclectic physicians and a great part of the dominant school should abandon heroic dosage as well as depleting medication.

WHAT SHALL WE DO TO BE SAVED?

Ella Mansfield Caryl, M. D., Los Angeles, Cal.

(Read Before the Los Angeles County Eclectic
Medical Society)

What shall we do to be saved? In the language of Shakespeare:

"To be, or not to be,—that is the question:
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles,
And by opposing end them—To die—to sleep,—
No more; and, by a sleep, to say we end
The heart-ache, and the thousand natural shocks
That flesh is heir to,—'tis a consummation
Devoutly to be wished."

To be saved from what? To be saved from our lethargy,
to be saved from our own inactivity, to be saved from our-
selves, to be saved from death.

"To die, to sleep;
To sleep! perchance to dream;—ay, there's the rub!
For in that sleep of death what dreams may come,
When we have shuffled off this mortal coil,
Must give us pause."

What dreams may come when we are dead; dead professionally, as individuals; dead as an organization? May we not dream of lost opportunities? May we not dream of the days, weeks and months spent by Dr. John King in pondering over his clinical records that we might enjoy the benefits of a new and better therapy? May we not dream of the burning of the midnight oil and the weary hours spent by Dr. John M. Scudder in doing away with shot-gun prescriptions and giving us our specific medication? May we not dream of the incessant labors of our friend, J. Uri Lloyd in preparing our specific medicine? May we not even dream of our own Dean, Dr. J. A. Munk, who so lavishly and courageously gave of his time, strength and money to establish our college here in this sunny clime, that we might have the benefit of learning at least a part of what has gone before?

Yes, we may dream all this and in our remorse clothe ourselves in sack cloth and ashes because we have failed to perpetuate the grand and glorious principles that have been intrusted to our care.

"There's the respect,
That makes calamity of so long life;
For who would bear the whips and scorns of time,
The oppressor's wrong, the proud man's contumely,
The pangs of despised love, the law's delay,
The insolence of office and the spurns
That patient merit of the unworthy takes,
When he himself might his quietus make
With a bare bodkin?"

What is our bodkin? Why are we dying? Because we have "hid our light under a bushel." Because we have failed to announce on every occasion that we are Eclectics. Because we have failed to educate the people along the lines of Eclecticism. Because we have failed to let the people know the superiority of our mild vegetable sedatives over the powerful and depressing bromides and opiates by not leaving their brain destroying after effects. Because we have failed to teach the people the difference between our therapy and the old, the one gentle, conservative and life sustaining, the other harsh and destructive, killing two cells while it is trying to cure one. And perhaps, because our modern teachers of Eclecticism have

failed in their efforts to inculcate in the minds of their students the truths, the principles and the possibilities of our system of practice sufficiently strong to keep them steadfast in the cause.

"Who'd these fardels bear,
To grunt and sweat under a weary life,
But that the dread of something after death,—
The undiscovered country, from whose bourne
No traveler returns,—puzzles the will,
And makes us rather bear those ills we have,
Than fly to others that we know not of?
Thus conscience does make cowards of us all;
And thus the native hue of resolution
Is sicklied o'er with the pale cast of thought;
And enterprises of great pith and moment,
With this regard, their currents turn awry,
And lose the name of action."

Why are we here tonight? Because, as Shakespeare says, "Conscience doth make cowards of us all," and that "something after death."

After these eighty years or more of struggle by our predecessors to establish Eclecticism, there is something within each breast that makes us dread that cold, dark vault, the grave.

What shall we do to be saved? Saved from what, from whom? From our enemies, from outside agencies, from the A. M. A.

"How shall we be saved? In the language of Patrick Henry, "Shall we acquire the means of effectual resistance by lying supinely on our backs and hugging the delusive phantom of hope until the enemies shall have bound us hand and foot?" This applies not only to state and nation, but also to individual and organization.

And because we are weak the A. M. A. has crushed out our college by one fell swoop of its iron hand, and we succumbed and lay helpless and bleeding at its feet, and now it is said we are being discriminated against by the state authorities by a rumored recent ruling of the State Compensation Insurance Fund officials, disallowing claims for examinations made or services rendered to injured persons by any physician not a member of the State Medical Society; the State Medical Society in this instance evidently meaning the Society of the A. M. A.

What shall we do to be saved? That is the important question. Awake from our apathy—awake from our indiffer-

ence! Let the people know of our therapy. Let them know we are here, and let them know we are here to stay—not merely for the few paltry dollars we receive as compensation for our services, but we are here to give to the world something that money cannot buy; that we are here to promulgate a therapy that stands second to none; that we are here because, in the course of evolution, it has pleased the Almighty to put in the hands of some of us His herbs for the healing of the nation; that we are here to fight with every muscle and sinew in our bodies to enhance the art of healing, and to be worthy of that legacy that was intrusted to our keeping by those grand old patriots who have gone before; that we are here to herald the news from the house tops until the knowledge of our therapy has reached every village and hamlet; until we have medical liberty for those who are legally and morally qualified to administer to the sick; until we have legislative freedom from the tyrannical thralldom of the powers that be. And until we have these, again with Patrick Henry, let us say: “Give me liberty or give me death.”

CONCERNING A COALITION OF HOMEOPATHISTS AND ECLECTICS

H. C. Smith, M. D., Glendale, California.

(Read before the Los Angeles County Eclectic Medical Society)

During the annual meeting of the National Eclectic Medical Association convened at San Francisco in June, 1915, Dr. Miller, President of the American Institute of Homeopathy, addressed the convention briefly upon the subject of the similarity of aims and interests of eclectics and homeopaths; said that he saw no reason why the two schools should not unite, and hoped and expected to see such a coalition in the not far distant future. Since then, Dr. H. T. Webster, who discussed the matter with Dr. Miller and others, has written an article favoring such a coalition, that has been published in the August issue of The Eclectic Medical Journal and copied entire by the other eclectic journals. All these journals have also copied an article from the New England Medical Gazette, written by Dr. T. H. Carmichel, a prominent homeopathic writer of Philadelphia, and also advocating such a coalition.

Both of these articles have been answered adversely by Dr. H. W. Felter, in The Eclectic Medical Journal, and Dr. J. W. Fyfe, in the Eclectic Review.

As an argument in favor of coalition, Dr. Webster states that there is only a trifling difference between the two methods of practice, and cites several concrete examples of their simi-

larity; especially recalling the fact that Hahnemann's principal doctrine prior to his promulgation of the doctrines of *similia similibus* and high potencies was identical with our doctrine of specific medication. Dr. Carmichael also considers the differences between the two schools of therapy as trifling, and hopes for a coalition; placing especial emphasis on the fact that the united schools would further the advance of therapeutic knowledge and "not magnify the importance of scientific branches at the expense of the therapeutic art."

Replying to these writers, Dr. Felter reviews the two methods of treatment; emphasizes the "rational empiricism" feature of eclectic practice and its marked difference from, and incompatibility with, *similia similibus*; doubts the feasibility of a coalition other than a coalition of interests or medicopolitical coalition. He pertinently asks: "How is the proposed coalition to be accomplished? Will the homeopaths consent to be absorbed by the eclectics, or the eclectics by the homeopaths?"

Dr. Fyfe thinks that coalition would benefit neither school; also emphasizes the empirical feature of eclectic practice; and 'violently dissents' from the statements made by Dr. Webster. "Anything that could be gained by such a union, I believe, could be better attained by individual effort."

This is a tall, slim and heavy-set subject; not a new one either, but having just emerged from a Rip Van Winkle sleep. It might be well to briefly review the history of former attempts at coalition, and some of the real and apparent differences between the two schools in practice.

In 1849, the officers of The Eclectic Medical Institute adopted resolutions "to establish a professorship of the principles and practice of Homeopathy in The Eclectic Medical Institute" and to "invite the Homeopathic physicians of the United States to unite in recommending and nominating a professor to fill the chair of Homeopathy in The Eclectic Medical Institute." They also tendered the homeopaths a department in the college journal, and Dr. David Sheppard became the editor of the "Homeopathic Department of The Eclectic Medical Journal." Because of this liberality on the part of the other members of the faculty, Professors A. H. Baldrige and Jas. H. Oliver promptly resigned from the faculty. "At the end of the session 1849-50, however, the faculty appeared to be in as much haste to rid itself of Homeopathy as it had been eager to invite it. Prof. Gatchell remarked that "neither his own course nor that of Prof. Rosa (the Homeopathic professor) was as conciliatory as it might

have been."

Somewhat the same spirit of intolerance is manifested by Dr. Carmichael in his article favoring coalition when he states, "To this great law, principle or method of similars, the Homeopathic school stands pledged, and prominent Eclectics admit that it is the basis upon which their prescribing rests." In other words: there is no reason why the two schools should not unite, providing, however, that they unite as Homeopaths. A note of the same character crops out in Dr. Fyfe's article opposing coalition when he states, "I am willing to have the Eclecticism that I teach and practice called 'empiric'. I believe in empiricism in medicine. I believe that empiricism has done more for humanity than scientific medicine, so called. The carefully recording of facts in medicine by observing people is the basis of our practice, and I believe that a majority of the members of our school, if they do not agree with me, certainly disagree with Dr. Webster." In other words: Because empiricism has been our most valuable therapeutic asset in the past, Eclecticism is, of necessity, committed to it forever, with no hope of anything better.

This "You'll have to come to us" spirit is of much greater consequence as an obstruction to the coalition of schools than any innate differences between the principles and methods of the two schools of practice.

For about sixty years, the thinking members of the medical profession, regulars included, have been striving toward the same goal; namely, to establish a solid basis of exact knowledge of physiological and pathological anatomy, and of exact knowledge of the parts acted upon by, and mode of action of, therapeutic measures; from which they might make exact deductions, and arrive at exact conclusions, as a result of their empirical observations. Dr. Chas. J. Hempel, in his "Organon of Specific Homeopathy," 1854, states, "Without the aid of physiology and pathology it is useless to attempt to construct the art of healing upon a scientific basis. These twin-sisters of medicine enable us to give a positive direction to our provings toward the sublime object of our art, which is the restoration of health; they enable us to understand the exact meaning, and to measure the true value of our drug-symptoms, and to connect them with the phenomena of diseases in such a manner that they shall complete and explain each other, and, by this harmonious alliance lead us to discover and establish this great and fundamental truth, that a mere apparent similarity of the drug-symptoms and the symptoms of the disease is not sufficient to constitute a certain drug the true remedial

agent in a given case; that this similarity is even unnecessary, nay, impossible in many cases; that it is frequently deceptive, almost always incomplete, and that, on this account, the law of cure, as expressed by Hahnemann, although embodying an abstract preception of the truth, is nevertheless a fallacy of the sensual understanding, and not, by any means, a conception of the living reason." He also states, "It is to be hoped that the time is fast approaching when the minds of homeopathic practitioners will be emancipated from the degrading thralldom of childish symptom-hunters; when homeopathy will cease to be a science of inglorious illusions, and when the living, unerring truths of experience and reason will be substituted in their stead."

Dr. Scudder, in "Specific Medication," states, "I contend that a drug is a specific remedy: first, because it influences uniformly and directly the part or function diseased; and second, because it **opposes** such diseased action. * * * I find a late authority in Homeopathy agrees with me in this. Dr. v. Grauvogl, in his "Lehrbuch Der Homeopathy," says: 'The conception of a specific remedy expresses the mutual relation existing between it and parts of the organism, which has to be ascertained empirically by physiological provings of drugs. For some part of the organism is in a relation of immunity, for other parts of attraction, for others again one of repulsion, and always **vice versa**'."

Notwithstanding these clear-cut expressions of belief in a scientific basis upon which to rest their empirical observations on the part of these eminent homeopaths, we still see a great many members of that school of practice who utterly ignore pathological states, but studiously watch for every insignificant symptom and endeavor to fit a remedy to it.

Notwithstanding the constant reasoning from cause to effect, and especially from effect back to cause, on the part of Scudder; and the frequent expression of his conclusions in his "Principles of Medicine," "Practice of Medicine," "Specific Diagnosis" and "Specific Medication," as well as the editorials in the Journal, we still see many eclectics becoming truly "childish symptom-hunters;" prescribing for symptoms without any due regard to whether they are the outward expression of definite pathological states or merely incidental.

The superficial homeopath is the one who always insists that there can be no real treatment outside his "great law of similars;" the superficial eclectic is the one who can see no real treatment unless he has a bunch of "specific indications" apparent. It is this class that takes particular note of the

apparently diametric difference between the two methods of practice; and these would soon lock horns and start something if coalition is attempted. From a scientific standpoint, the two schools are sufficiently similar in their beliefs and aims to work to mutual advantage by coalescing. From the standpoint of professional amity, and that of past attempts at coalition, such an attempt at this time would prove worse than a failure. There is at present a fellow feeling between the two schools which impels them to exhibit a very satisfactory teamwork in a common cause. It is true, that a union might lessen the burden of maintenance for both; but their relations at present are amicable; an attempt at coalition might render it otherwise; and I believe that a satisfactory certainty is much better than an uncertainty that is only possibly better than the certainty.

TUMORS OF THE TESTICLE

Dr. G. A. Angus, Omaha, Nebr.

Tumors of the Testicle: According to some doctors, tumors of the testicle are rare; in the writers' experience, however, they are not uncommon. Not infrequently they are confused with various forms of orchitis, notably with the tubercular and syphilitic. Even after removal of the tumors their gross appearance is very often misinterpreted by surgeons of wide experience. It is, therefore, essential that a microscopic examination of the tissue be made before an absolute differential diagnosis is made between new-growths of the testicle and orchitis—particularly the tubercular, syphilitic, or actinomycotic forms. Fortunately, the treatment in all cases, with the exception of the syphilitic, is practically the same; and clinically a course of mercury and the iodids is prescribed as a matter of routine in most cases of testicular growth before operative measures are adopted. In many cases, particularly when erosion of the scrotum has taken place, material may be conveniently secured for microscopic examination and this should be done whenever possible. The writers do not, however, advocate the practice of cutting through the intact scrotum into the tumor of the testicle for the sole purpose of securing material for microscopic examination, for they believe that in a certain number of cases this procedure tends to favor dissemination and the early production of metastases. On the other hand, particularly when both testicles are involved, it is excellent to prepare the case for operation, that is, for castration, and, in the course of the operation to select and remove a segment of tissue, submitting it to immediate



examination by the frozen section method, so that the proper treatment may at once be decided on and dangerous delays be avoided. The writers have seen several cases in which serious errors resulted from the disregard of this simple precaution.

Tumors of the testicle, excluding, of course, those of purely inflammatory origin, may be conveniently divided into three classes: the cystic, the benign, and the malignant.

Cystic tumors of the testicle. Retention Cysts of the testicle usually occur as the result of localized areas of inflammatory disease that cause occlusion of one or more of the excretory tubules, either in the body of the testicle or more frequently in the rete or tubuli efferenti. Cysts thus formed commonly contain a more or less turbid, milky fluid, in which the presence of spermatozoa and broken-down epithelial cells may be demonstrated. Occasionally, particularly in long standing cases, the cyst may contain a clear serum, and be separated from the surrounding structures by well defined capsules of connective tissue. In certain number of cases these retention cysts may be multiple and may closely simulate colloid carcinoma or other forms of malignant disease.

Papillomatous adenocystomata are benign growths involving the testicle somewhat rarely, and characterized by the formation of cystic cavities lined by columnar epithelium, which, being in an active state of proliferation, may grow into the cavity of the cysts, eventually filling them with friable masses of proliferating cells. These tumors possess, in general, many of the characteristics of the ovary, and, like these growths, are prone eventually to become malignant and to set up metastases, particularly by direct transmission. It seems probable that these cystic tumors may eventuate from the retention cysts previously described, or perhaps from persistent remnants of Muller's canal.

Dermoid cysts of the testicle are rare, and are relatively very much less frequent than a similar growth found rather commonly in the ovary. As a rule, gross examination is all that is required for their identification.

Parasitic cystic tumors of the testicle are very rare in this country, although one occasionally encounters echinococcic cysts of the testicle, most often, however, in foreigners, and even then with great infrequency.

Benign Tumors of the Testicle: The benign tumors of the testicle are fibroma, chondroma, osteoma and adenoma. Of these, the chondroma is, in the writer's experience, seen most frequently.

Fibromata are usually found originating from the tunica vaginalis, from the tissue of the albuginea, or in the rete testis. They are generally small and, as a rule, cause but little or no disturbance.

Testicular chondroma may arise in any part of the organ, and may attain considerable size. These tumors are prone to be associated either with carcinomatous or, more frequently, with sarcomatous growths. Though innocent in immediate nature, they should always be removed.

Osteomata are most commonly found associated with the cartilaginous tumors or with the myxoma.

True adenoma of the testicle is of rare occurrence. Adenoma is commonly found associated with carcinomatous growths of the organ, and since all adenomata are very prone to become malignant if allowed to remain, they should be removed.

Of the malignant tumors of the testicle, sarcomata have most frequently come under the writer's observation. As a rule, these tumors presented lesser degrees of malignancy, occurring as fibrosarcoma or chondrosarcoma. Early removal generally warrants a better prognosis than in most cases of sarcoma occurring elsewhere. Sarcomata are very commonly confused clinically with tuberculosis and syphilis of the testicle, which they strongly resemble in their gross anatomic appearance.

Primary carcinoma of the testicle is somewhat rare, although carcinomatous invasion from an epithelioma of the scrotum, commonly known as "chimney-sweep's cancer," is relatively frequent. The prognosis in carcinoma of the testicle is less favorable than in sarcoma, owing to the abundant lymphatic supply and to infection of the inguinal lymphnodes, which commonly results early in the progress of the disease.

Of the more unusual forms of malignant tumors of the testicle, the writers have seen several cases of hypernephroma and endothelioma. On account of the great variety of these tumors, however, and the fact that their treatment is similar to that demanded in sarcoma and carcinoma, a more detailed description is not warranted.

Varicocele: This condition consists of an enlargement of the veins and cords in the pampiniform plexus. The diagnosis is easily made by feeling the mass, a sensation being imparted to the touch as if a bunch of thick worsted were grasped. Varicocele gives rise to very few symptoms, although it is believed to cause occasional attacks of neuralgia in the scrotal region. Beyond the application of a suspensory bandage, no

treatment is required. When, however, the enlargement is very extensive, the mass being equal to or larger than the corresponding testis, operative procedure is called for.

HYDROCELE: Hydrocele of the cord, which is quite common, is almost invariably a localized condition, giving rise to the formation of cystic tumors in the cord, ordinarily of the size of a large marble, and filled by a clear serous fluid. Care should be taken that these tumors are not mistaken for hernia, which they sometimes resemble, and from which they can be differentiated by the fact that the hernial pouch can be usually returned to the abdominal cavity, the patient lying on the back and the pouch being pressed upward; in hydrocele the mass cannot be thus returned.

In hydrocele there is an accumulation of fluid in the tunica vaginalis testis; the condition can be diagnosed by inserting a hypodermic needle into the mass, when, if hydrocele is present, a clear, slightly yellow fluid will escape from the needle or can be withdrawn. Besides hernia, the only other condition that at all resembles hydrocele is supernumerary testicle.

The ordinary hydrocele is an accumulation, in the serous sac of the testicle, of fluid resulting from some change that takes place in the walls lining the tunica vaginalis testis. The nature of the pathologic change is not well understood. The accumulation gives rise to a pear-shaped swelling in the scrotum. Generally, the condition is unilateral, but double hydrocele of the tunica vaginalis is not very uncommon. The latter gives rise to a pear-shaped swelling involving the entire scrotum; this swelling is at times enormous; the sac will occasionally hold a pint or more of fluid.

The diagnosis is easily made from the shape of the swelling and from the characteristic resistance on palpation; it can be confirmed by introducing a hypodermic needle and examining any fluid that may escape. It is unattended with any inflammatory reaction, and does not, ordinarily, give rise to pain. It more commonly attacks the young, in which case tuberculosis sometimes plays a part, or the condition may be congenital. It is also very frequently found in later life, often associated with some change in the prostate or walls of the bladder. Hydrocele is in all probability temporarily associated with attacks of acute epididymitis or orchitis, and ordinarily, in such cases, subsides without special treatment.

Tapping is a conservative measure.

The term acute hydrocele has been applied to represent the accumulation of fluid in the tunica vaginalis which accompanies the acute inflammatory condition of the testicle or

the epididymis just mentioned, while chronic hydrocele is applied to the more ordinary condition, of which we treat in detail. It is customary, in addition to the other measures, to diagnose the various forms of hydrocele by the so-called light test, which consists in a light being placed on the side of the sac, the tumor coming between the light and the eye of the observer, these sacs being translucent.

There are, in addition, several forms of congenital hydrocele caused by some communication between the tunica and the abdominal cavity, or due to retention of some of the fetal tissues. They are comparatively rare and easy to destroy, their diagnosis presenting no great difficulty, and they should be treated as hydrocele of the cord.

Multilocular Cysts: Although they occur probably but seldom, occasionally multilocular cysts are met with forming a hydrocele. We have operated on one such case. They can be diagnosed before operation, which is probably rarely done, if on aspiration only a small amount of fluid comes away without complete reduction of the sac. The treatment should be that of ordinary hydrocele.

Hematoma of the Cord: In this condition a tumor is present in the cord which may be encysted or may extend well along the length of the cord. It is due to and made up of an infiltration of blood from the blood-vessels. These tumors are caused by an injury to the cord of some character. The diagnosis is easy from the history of the case, the presence of a hard, non-translucent tumor, which does not involve the testicle or the epididymis, and which is not reduced when the patient is in a reclining position, as would be the case if a hernia were present.

The treatment is to open the tumor. If possible, remove any cystic wall present. The infiltration may be so diffuse, as in the case treated by one of us, that this procedure cannot be carried out. Scraping out the infiltrated material, however, is eventually followed by a gradual absorption of any thickening that may remain in the cord.

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THE INDUSTRIAL ACCIDENT LAW

This law has been in effect for a sufficient length of time to enable us to observe its workings. Among our colleagues there has been an earnest endeavor to work in harmony with the spirit as well as the letter of the law to the end that it might be given a fair and impartial trial. In the majority of cases the results have been satisfactory to all parties concerned.

Where there has been dissatisfaction it usually has been that the patient expected to be cared for in a style quite beyond what he himself would have been willing to pay for, not realizing how little \$12.50 per week can be made to cover in hospital care; or, he has felt that he was neglected by his doctor for a like reason. On the other hand some doctors are dissatisfied because the amounts stipulated in the fee bill are so small, not realizing that the worker who is earning less than \$1,000.00 per year and rearing a family can not possibly have much of a surplus to pay a doctor for repairing his injuries, and the remuneration if paid by the patient himself must of necessity be small indeed. As we understand the

matter, "The Workman's Compensation Insurance and Safety Act" was intended, in so far as the doctor is concerned, to provide such services and pay such average fees as the workers themselves would have received and paid prior to the enactment of this law. It does not make the poor man rich, neither does it provide for him any better care than he had before. It simply distributes the burden of his injury and consequent disability over a large number. Briefly, it is compulsory insurance by the State in behalf of a certain class of its citizens. Being an innovation it has met with a good deal of opposition, but it seems to the writer that the idea is gaining ground and that the law is a beneficent one. Another point in favor of the law has been the evident fairness of its administrators.

The following article, while not an official statement from the Medical Department of the Commission, yet the association of the writer gives it more than ordinary interest.

SOME REMARKS ON INDUSTRIAL INSURANCE WORK

M. E. Rumwell, M.D., San Francisco

(Read before the San Francisco County Medical Society)

The writer asks that these remarks be regarded as entirely informal, and not authoritative, and that any statements be regarded merely the outcome of a brief experience with the Medical Department of the Industrial Accident Commission of California.

The Workmen's Compensation, Insurance and Safety Act is a law and has been in force for nearly a year and a half, during which time the Medical Department of the Commission has gained many impressions and in some instances conclusions have been arrived at. These impressions have been modified from time to time, but the increased interest, more friendly attitude and the added co-operation of those medical men with whom it has come in contact has led this department to think that at least some of its conclusions are along the right track. It is quite impossible to cover the whole field in a paper of this sort and it is simply in the spirit of endeavoring to present to your society some of these ideas as they exist at the present time, that this paper is offered.

Very briefly, the fundamental idea of this whole act is to get the injured, idle, unproductive man back to work and to help him during his enforced idleness following accidental injury.

The relations, under the law, of the injured person to his employer and doctor are fairly definite. He is protected in that medical care must be accorded him by his employer for

a period of ninety days following his injury. His relation to his doctor under these circumstances is a satisfactory one in that it is incumbent upon him to rigidly follow out the latter's instructions. Failure on his part to comply with these jeopardizes any compensation which he might receive under the law. Having the patient under proper discipline naturally aids the medical man in securing better results.

The relations of the medical man to the insurance carrier, in order to be put on the best footing, carry certain obligations on his part. He must remember that he is to be reimbursed by the insurance carrier, and therefore if he accepts such arrangement he should aid the carrier by keeping it informed as to the nature and progress of his case. This is accomplished by rendering accurate and early reports.

These reports have aroused a great deal of discussion. They are necessary from a business standpoint. There is no need for them to be made onerous by the carrier. They can be brief and a multiplicity of reports should not be demanded. It has been noted, for instance, that certain final reports are asked of physicians, involving the answering of a great many questions necessitating the consulting of history, interviewing of patient, etc., procedures taking up at least twenty minutes or a half hour. For this no recompense is offered the surgeon. These reports are not needed in the average case, as enough information has been gained by the first and necessary subsequent reports. Extraordinary procedure where needed should be reported and the carrier given the opportunity to advise in the premise. The carrier is responsible for the cost of these, and has the right to be kept informed as to their nature.

As to the making out of bills for services rendered, it is only fair that doctors state definitely what they have done. This is a business proposition. An intelligent approval of such bills is contingent upon a full description of the service rendered. Doctors must also remember that many of these companies operate from a distance, and that offices in this city are merely branch offices and business transactions taking place here are subject to the scrutiny of their home office. If a medical man is chosen to take up this work it is incumbent upon him to see that care of his case does not involve attention that is not absolutely necessary. For instance, one doctor having charge of a fractured patella, rendered a statement in the sum of \$22.50 for setting this fracture, after which he made 168 visits at a charge of \$2.00 a visit. Comment on such statement is not necessary.

As to the relation of the insurance carrier to the medical man: The wide institution of insurance against industrial accidents, in this state at least, is a new procedure, and in all probability as time goes on some of the methods adopted by insurance companies will be modified, and it is likely with a better understanding of the work in hand, that confidence between the insurance carrier and the doctor will be greatly increased.

The employer in purchasing insurance against industrial accidents conveys the whole responsibility of the care of the injured individual, consisting of proper treatment, hospital attention, etc., to the carrier. Therefore the carrier assuming this responsibility, is required to select medical men to take charge of its cases. No fault can be found with such action if the choice is made with reference to the ability of the medical men and the suitability of their surroundings in the treatment of these cases; but where such choice is made with the simple idea of diminishing medical fees, the Medical Department of the Commission believes that the end result will prove a poor one from an economic standpoint. In discussing this matter the medical director of one of the insurance carriers stated that they used the fee schedule as adopted by the State Medical Society, but that in large cities they had another schedule because they found that they could have the work done more cheaply where proper organization could be attained. It is right and proper that insurance carriers should be conversant with the personnel of the men employed, but it does not seem wise that they should interfere with the prerogative of the average man in attending these cases if he so desires.

Carriers have assumed the right of reducing fees. The Medical Department of the Industrial Accident Commission thinks that they might also exercise the reverse function, and raise fees where the doctor has erroneously claimed less than the fee schedule entitles him to.

Being responsible for the payment of medical attendance, the carrier under the law has the right to remove its case from the hands of one doctor, and place it in those of another. The mere fact that the original attendant on the case has not some arrangement with the carrier for the payment of services, is not, in the opinion of the Medical Department of the Commission, a good and sufficient reason for such action; and it believes that any regularly licensed practitioner who desires to do this work under the provisions of the fee schedule, should be protected in that prerogative. It desires that the patient

and employer be satisfied with the selection of medical men, and it believes that the confidence of the patient in the ability of his own medical man, is a great factor in aiding in his ultimate recovery and his return to work. It is undoubtedly a fact that such individual would have more faith in the word of his own doctor and will believe that his own doctor will have his interest more at heart. In turn the medical man will be more familiar with the idiosyncrasies of the patient. Accordingly, all other things being equal, the State Compensation Insurance Fund has allowed the injured individual to select his own medical attendant. However, under certain circumstances the fund endeavors to guide in this selection, and recognizes the services of regularly licensed practitioners of medicine and surgery ONLY as being eligible to care for industrial accident cases coming under its jurisdiction, and insurers are advised that the services of such as osteopaths, chiropractors, naturopaths, etc., are not acceptable unless prescribed by regularly licensed practitioners of medicine and surgery.

The remarks immediately above must not be construed to mean that the commission or fund believes that the injured workman should necessarily have his own doctor. The law provides that the employer should furnish medical care. However, a liberal interpretation of this should be allowed as indicated above.

The question of suit for malpractice in the care of these cases has been spoken of. The doctor, though paid by the insurance carrier, acts for himself and plays the role of an independent contractor, and therefore is responsible for the medical attendance on the case. However, if the insurance carrier has employed the doctor, and he, through inefficient treatment has prolonged disability, etc., then the carrier has by negligently employing such an inefficient man, rendered itself responsible for any increase in medical cost or compensation which may arise out of improper treatment.

However, it is undoubtedly true that the insurance company through the regular administration of its business, can be of the greatest aid against such suit. No man who has proper records on file, who has by the aid of the insurance carrier had consultation and laboratory investigation, who has on record testimony as to the progress of the case, nature of treatment, and who has given conscientious care to his patient, need worry about the result in any suit for malpractice. The Industrial Accident Commission is endeavoring to maintain an attitude of discouragement toward such proced-

ure, and incidentally it has been found on inquiry at the office of the State Medical Society, that there is record of but two suits having been filed in this type of work.

It does not come within the scope of this paper to discuss the fees as adopted under the fee schedule, but the writer will take the liberty of stating in part what, in the opinion of the Medical Department of the Commission, is a proper interpretation of this schedule. The carrier has to be guided by some standard. This standard in this state is a fee schedule, and the interpretation of this fee schedule is a matter of the greatest importance. The very nature of medical service is such that a fee schedule must be elastic. In rendering statements for their services medical men must be honest in the amount of attention given to the individual case and in the estimate of the value of the same. It is essential that a feeling of confidence be established between the insurance carrier and the medical man. Undoubtedly at the present time many medical men feel that any statement rendered to an insurance company is liable to be subject to request for reduction; and many insurance carriers believe that statements rendered by medical men are made out with the idea of meeting such request. Fundamentally this is all wrong.

It would seem at the present writing that an endeavor toward the establishment of a better feeling in this relationship might be instituted by the insurance carrier. If the insurance carriers are willing to accept and do accept reports from medical men as to the condition of the injured individual, as to the degree of disability suffered by him and so on, then the insurance carrier should be willing to accept the word of the surgeon as to what will be the proper remuneration under the schedule for the service he has rendered. In this very regard may be mentioned the fact that the Medical Department of the Commission has come in contact with schedules issued by carriers doing business in this state, which are at variance with that adopted by the State Medical Society, Industrial Accident Commission and insurance carriers. In the very first part of this latter the following paragraph is to be found: "These fees represent a minimum. Fees higher than schedule will be approved when warranted by extraordinary difficulties encountered by the surgeon." In one schedule issued by an insurance company this whole paragraph is omitted. In the fee schedule issued by one other company, the fact that fees quoted represent a minimum, is omitted. The Medical Department of the Commission holds that such modification of the fee schedule is not in keeping with the

establishment of the best relationship between the carrier and medical man.

Industrial accident surgery is not altogether the work for the young and inexperienced man. It is well to remember that other issues are at stake beside the mere relation of doctor and patient; the mere matter of treating a man and getting a result. There has to be taken into consideration the future ability of this man to earn his living, the payment of compensation in case he is not fully recovered, and the matter of future justification of the methods of treatment used—all of which may be subject to the scrutiny of the Industrial Accident Commission.

In many instances it has required men of the very keenest power of observation and great clinical experience to cope with some of the problems that have arisen. Take, for instance, the matter of malingering, cases coming under the caption of the "traumatic neuroses," serious bone injuries, and many other pathological conditions necessitating mature and sober judgment. The character of the reports that come under the observation of the Medical Department of the Commission, have very accurately confirmed the opinion held by it of the ability of the doctor and the work done by him.

Increased attention has been drawn to certain pathological lesions. In this regard could be mentioned instances where very serious skeletal injuries have not been found until a referee has investigated the case, for instance, a number of fractures of the spine have been discovered where no mention of the same has occurred in reports from the first attending surgeon. Special attention has been drawn to injuries of the hand with especial reference to the proximal row of car-pals, to the presence of constitutional affections such as syphilis, tuberculosis and their relation to accident, and increasingly to the relation between tumor and trauma. These latter having great significance in the matter of cause and effect as bearing on compensation.

Considerable misunderstanding has existed as to what reports should be rendered the Industrial Accident Commission and the State Compensation Insurance Fund. All industrial accidents requiring medical aid or causing disability lasting through the day of injury, must be reported to the Industrial Accident Commission. The State Compensation Insurance Fund is an insurance carrier and from surgeons attending injured individuals whose employers are insured with it, the fund asks a preliminary, brief surgical report covering the accident sustained. This is practically all that is asked. This

report consists of but eleven questions, one-half of which can probably be answered in one or two words. Subsequent very brief bi-weekly reports are asked where cases are of a serious nature requiring continuous medical attention, or where compensation is being paid. Where report is asked and is contingent upon examination being made, such examination is paid for.

In considering bills for services the spirit of the fee schedule is followed out, and fees as noted therein are regarded as minimum. A representation of unusual service is always considered. In this consideration the medical man is given the benefit of the doubt as he is on the premises and knows what is required. Where it is the question of approval for unusual procedure not scheduled, advice is sought from men doing similar work as to what would be a proper fee under similar circumstances. The fund holds that the medical man is its representative, and relies upon him to carry out these services as economically as is consistent with good work and the proper payment for the same.

This work is a good work. It would seem that as time goes on, the attitude of many which at this time may not be favorable, will change, and as the work is better understood, it will be found to be of greater interest and profit than is now thought. The writer believes that the great factor in work toward better understanding between the insurance carrier and the doctor, is the establishment of good faith. Once this is accomplished, the attitude of all toward this work will materially change. The injured man will receive better care and consideration. The insurance carrier will be asked less for medical expense and compensation. The cost of this care, namely, the payment of premium on the part of the employer, will be diminished, and the doctor will be properly paid for his work.

(California State Journal of Medicine)

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. O. C. Welbourn, M.D., Los Angeles, Cal., president; J. F. Barbrick, M. D., Consolidated Realty Bldg., Los Angeles, secretary.

THE LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles County Eclectic Medical Society was held in the banquet room of Christopher's Cafe, October 5th, where a dinner was served at 6:30 P. M., at which about fifty were present. After the dinner the meeting was called to order by Vice President T. C. Young, President O. C. Welbourn being unavoidably absent.

After the minutes of the previous meeting had been read and approved the special subject for discussion at this meeting were announced as follows: Coalition of the Eclectic and Homeopathic schools of medicine and ways and means to protect our interests and advance the cause of Eclecticism. The first subject was ably presented in all its phases by Dr. H. C. Smith and excited a lively discussion both pro and con, the concensus of opinion being against an amalgamation of the schools, but in favor of an alliance of professional and political interests and efforts, although it was thought the fight should be done by the two bodies separately, the idea being that two individual endeavors even though along similar lines would in this case be more effective than one combined action. For the second part of the programme the following ways and means committee was appointed by the chair: Drs. O. C. Welbourn, Scudder, Smith, Cox, Baird, Freedman and Barbrick. The paper of the evening, "What Shall We Do to Be Saved," by Dr. Ella M. Caryl, was an enjoyable treat to all who heard it. It appears elsewhere in the Journal.

The meeting was interesting and instructive and started a wave of enthusiasm which we hope will continue. The following committee will have in charge arrangements for next

month's meeting: Drs. Baber, P. M. Welbourn and Clark, Members who are not attending these meetings are missing something and it is hoped the next one will be even better than the last. Dr. Baber will read the paper at the next meeting. Upon motion the meeting adjourned.

DR. J. F. BARBRICK,
Secretary Pro Tem.

DR. T. C. YOUNG,
Vice President.

NEWS ITEMS

Dr. Lewis Lee has changed his address from Potter Valley to Seabright, California.

Dr. E. R. Petskey is visiting relatives in Long Beach, having been forced to leave Mexico because of war conditions.

Dr. I. Woodin, Independence, was in Los Angeles last month to visit his patients in the Westlake Hospital.

Dr. Hanna Scott-Turner, Pomona, was in Los Angeles for a few days recently, having come down to get a much needed rest.

Among the out-of-town members attending the last County Society were Dr. and Mrs. Pyle and Dr. and Mrs. Crook of Long Beach and Dr. Smith and Dr. and Mrs. Young of Glendale.

Dr. John Buckingham, who is located in Big Pine, Cal., was in the city a few days last month. The doctor accompanied a surgical patient to the Westlake Hospital.

Dr. L. H. Freedman has been appointed first assistant health officer of Los Angeles, which is a position of great responsibility, but which Dr. Freedman will fill with credit to himself and the profession.

Born: To Dr. and Mrs. D. G. Johnson, a son on September 15th, 1915. Dr. Johnson was a graduate of the C. E. M. C., 1914, and is located at Ardmore, Oklahoma. The Journal congratulates the happy parents.

Dr. and Mrs. E. L. Welbourn, from Indiana, are visiting in Los Angeles for a few weeks. They came west over the Canadian Pacific Railroad and have been seeing the two California Expositions at San Francisco and San Diego.

Mrs. Hayes, wife of Dr. J. S. Hayes, Los Angeles, suffered a severe injury recently while visiting in Denver. She fell down a short flight of steps and sustained a Colles fracture of each arm which has caused her much suffering.

Dr. W. B. McMakin has left Long Beach, California, and returned to his former location in Washougal, Washington. Recently the doctor was the victim of an unfortunate accident

when he suffered a fracture of both bones of his arm—his automobile engine back-fired.

The next meeting of the Los Angeles County Eclectic Medical Society will be an "old fashioned Eclectic Experience meeting," and we urge you not to fail to be present and come prepared to speak freely of your extensive experiences that others may benefit therefrom. The committee has arranged for the meeting at Christopher's Cafe, 551 South Broadway, where a dinner will be served at 6:30 p. m., November 2, after which the paper of the evening will be read by Dr. Baber, duly discussed, and the program concluded by "Eclectic Experiences," in which all present will join.

Doctor, the County Eclectic Society meetings mean something to the Eclectics of these parts and should be supported and attended by every Eclectic in Southern California. The meetings are held monthly on the evening of the first Tuesday of each month. Remember this and arrange if possible to give this one evening each month to Eclecticism.

It is a duty you owe to yourself, to the community you serve, to your school of medicine in particular and your profession in general. If you are not a member of our society, Doctor, join it at this next meeting and help both yourself and us.

Kindly notify us at once, by phone or mail, if you will attend this meeting so plates can be reserved for you. Plates, 75c each. Friends and visitors permitted.

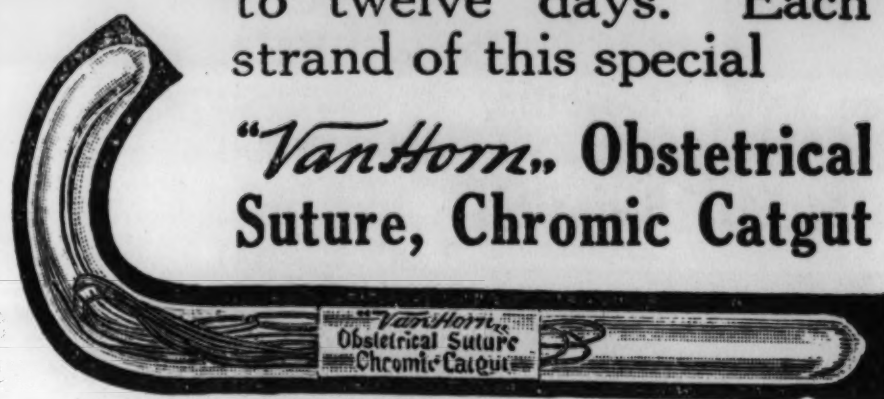
By order of the Committee,

P. M. WELBOURN, M. D.,
JOHN. M. CLARK, M. D.,
KENNETH P. BABER, M. D.

WANTED—An Eclectic to take charge of my practice January 1st, while I take a post graduate course. Later the practice will be for sale at a very small price. The location is on the delta of the Sacramento River and a very prosperous country. For particulars write this office.

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CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to April 1, 1915, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Price.	Club Rate.
American Med. Journal, 5255 Page Ave., St. Louis, Mo.	\$1.00	\$.90
California Eclectic Med. Journal, 819 Security Bldg., Los Angeles.....	1.00	.90
Eclectic Medical Journal, 630 W. 6th., Cincinnati, Ohio	2.00	1.80
Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.	1.00	.90
Ellingwood's Therapeutist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
Nebraska Medical Outlook, Bethany, Nebr.	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

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DOSE:—One Teaspoonful Four Times a Day.

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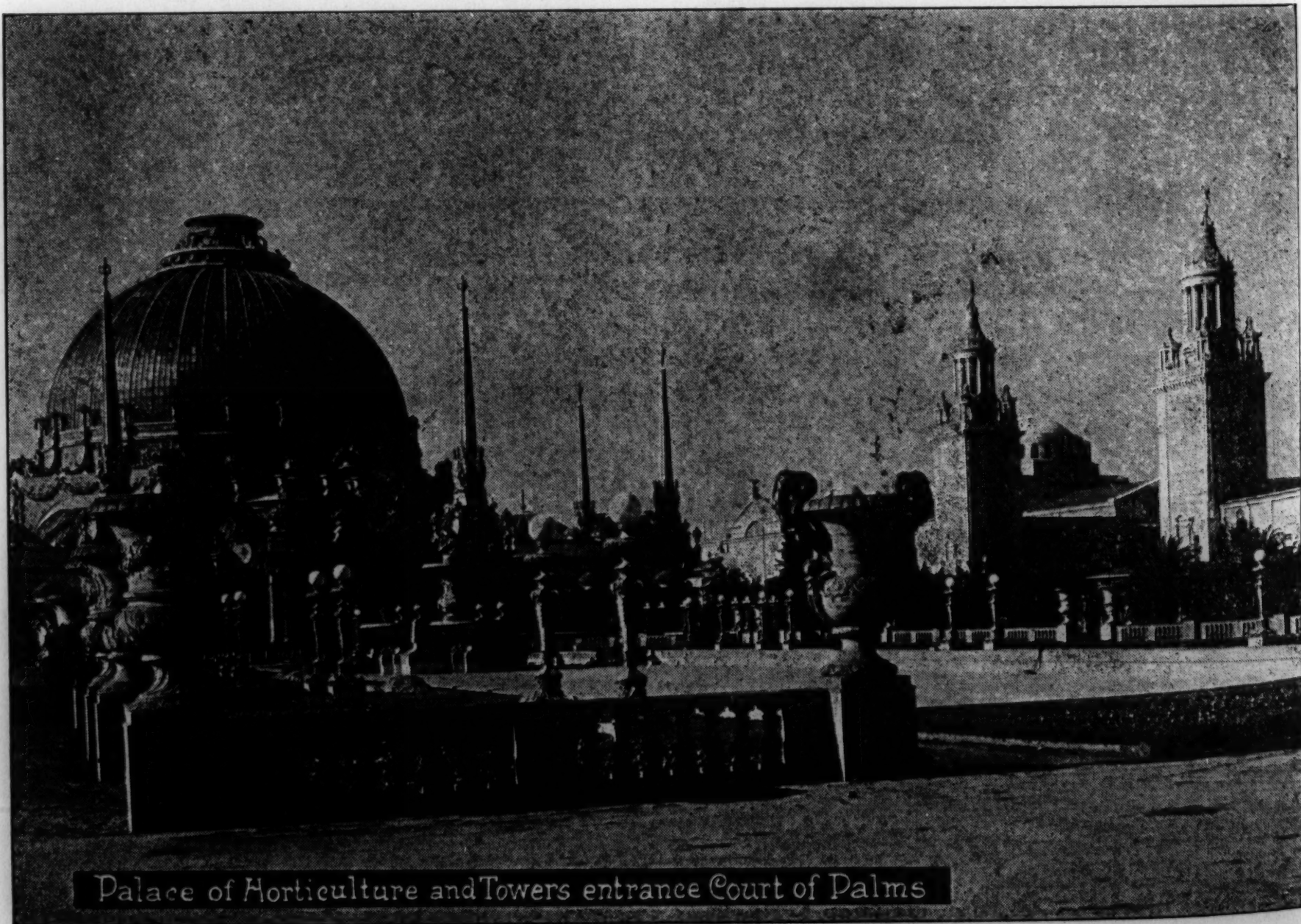
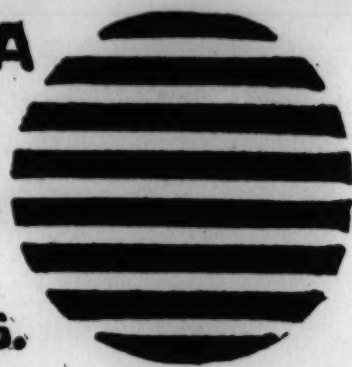


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Concerning Echinacea.

WHAT IS ECHINACEA? A plant, native to western North America.

WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA? In the opinion of renowned laboratory experts who standardize remedies according to physiological processes, *Echinacea* has no value. (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents clinically, and who employ it in disease treatment, *Echinacea* is of exceeding value. (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA? It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of *Echinacea* by physicians in active practice, without a single report of injury or death, proves that it has no unkind action.

WHO INTRODUCED ECHINACEA? It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

WHO WAS DR. JOHN KING? A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

TRIBUTE OF DR. CHARLES RICE. This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopeia of the United States, said of Dr. John King and his great work, the *American Dispensatory*:

"It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects." *Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains"*.

WHEN DR. KING SPOKE. The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used *Echinacea* in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

A PREDICTION. Twenty years ago, it was said of *Echinacea*, "Await the voice of time. If *Echinacea* stands the test of experience, it will live. If it is inadequate, it will die". Has "Time" spoken?

THE REPLY. The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is *Echinacea*.

ECHINACEA TODAY. Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of *Echinacea*. That the laboratory standardizers are correct (see page 13), in that *Echinacea* is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

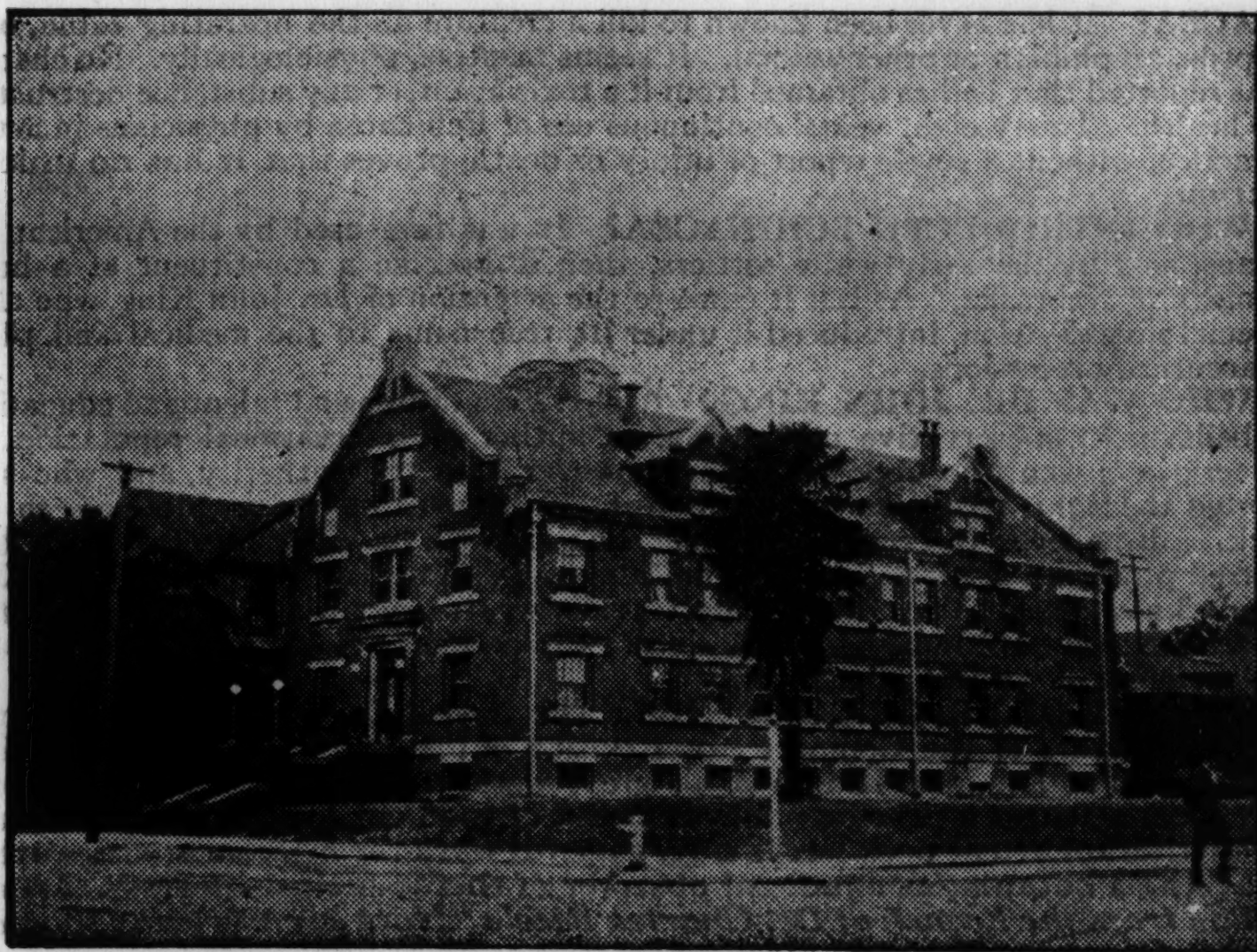
WHAT OF THE FUTURE? Physiological investigators will probably never be able to produce death by the use of any ordinary *Echinacea* dose. Chemists will probably continue to find *Echinacea* elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use *Echinacea* will probably continue to employ and commend it, as they have in the past.

LLOYD BROTHERS, CINCINNATI, OHIO.

October, 1915.

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